



PTO/SB/22 (10-07)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 <small>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</small>		Docket Number (Optional) 331.1095
Application Number 10/537,082		Filed January 20, 2006
For Three Dimensionally Shaped Planar Cable, Method for Production and Use Thereof		
Art Unit 2831		Examiner William H. MAYO, III
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60 \$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230 \$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525 \$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820 \$ _____
<input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115 \$ <u>2230</u>
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed. 01/29/2008 CCHAU1 00000008 10537082 02 FC:1255 2230.00 DP		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50,0552</u> . I have enclosed a duplicate copy of this sheet.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).		
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>38,156</u>		
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____		
<u>William C. Gehris</u> Signature		<u>January 25, 2008</u> Date
<u>William C. Gehris</u> Typed or printed name		<u>212-736-1940</u> Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.		

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Repln. Ref: 05/12/2008 CKHLOK 0012065600
DAB:500552 Name/Number:10537082
FC: 9204 \$2230.00 CR

Adjustment date: 05/12/2008 CKHLOK
01/29/2008 CCHAU1 00000008 10537082
02 FC:1255 -2230.00 DP

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>4/16/08</u>		2 Serial/Patent # <u>10/537,082</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing			\$							
<input type="checkbox"/>	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time		<u>1/28/08</u>	\$ <u>2,230</u>							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
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<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
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		7 TOTAL AMOUNT OF REFUND		\$ <u>2,230</u>							
10 REASON:		8 TO BE REFUNDED BY:									
<input type="checkbox"/>	Overpayment	<input type="checkbox"/>	Treasury Check								
<input type="checkbox"/>	Duplicate Payment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:								
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1"><tr><td>5</td><td>0</td><td>--</td><td>0</td><td>5</td><td>5</td><td>2</td></tr></table>			5	0	--	0	5	5	2
5	0	--	0	5	5	2					
<u>No extension of Time needed to file</u>											
<u>1.137(b) petition</u>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Carl Friedman</u>		TITLE: <u>Petitions Examiner</u>									
SIGNATURE: <u>[Signature]</u>		PHONE: <u>2-6842</u>									
OFFICE: <u>Office of Petitions</u>											
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APPROVED: <u>[Signature]</u>		DATE: <u>5/12/08</u>									

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